

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007236

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 123

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Independence</b>		Length of stay in lb <b>30 min.</b>	c. CITY OR TOWN <b>Liberty</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Independence Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>137 Dorsey</b> Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sarah</b> Middle <b>Ellen</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-10-1963</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>30</b>
11a. FATHER'S NAME <b>Jack D. Smith</b>		11. BIRTHPLACE (City and state or country) <b>Independence, Mo.</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Jo. Witherspoon</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Jack D. Smith</b> Address <b>Liberty, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Immaturity</b> DUE TO (b) <b>Premature</b> DUE TO (c) <b>Prepture Total mem.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:25</b> a.m. Month <b>3</b> Day <b>10</b> Year <b>1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Liberty, Mo.</b>	
21. I attended the deceased from <b>3-10-63</b> to <b>3-10-63</b> and last saw him alive on <b>3-10-63</b> Death occurred at <b>1:25 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>3-10-63</b>	
22a. SIGNATURE (In full name) <b>William L. Cox MD</b>		22b. ADDRESS <b>Liberty, Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>3-11-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glenlock Cemetery</b>	
24. FUNERAL DIRECTOR <b>Pasley Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>3-10-63</b>	
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>		27. LOCATION (City, town, or county) (State) <b>Garnett, Kansas</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

March 10-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.